

MEDI-CAL PROGRAM GUIDE LETTER #635

May 15, 2008

Subject	REVISED MAIL-IN HEALTHY FAMILIES PROGRAM AND MEDICAL JOINT APPLICATION
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Effective Date	Upon receipt.
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Reference	ACWDL 08-14
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Purpose	<p>To provide information regarding:</p> <ul style="list-style-type: none">• modifications made to the revised HFP/Medi-Cal Joint Application (MC 321 HFP); and• revised procedures and required actions as a result of new questions added to the Joint Application form.
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Background	<p>In January 2005, Governor Schwarzenegger charged the Department of Health Care Services (DHCS) and the Managed Risk Medical Insurance Board (MRMIB) with revising the Healthy Families (HF)/Medi-Cal joint application to be easier for families to complete and thereby increasing the likelihood that families would apply.</p>
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Based on input from impacted stakeholders, the MC 321 HFP Joint Application was modified. Additionally, readability assessments, focus groups, and field testing were conducted to ensure that the application met its goal of reducing barriers for families applying for health coverage.

Application Formatting	<p>The format and look of the Joint Application have been redesigned as follows:</p> <ul style="list-style-type: none">• 50% fewer instructions• Re-organized and re-sequenced order of relevant topics• Reduced use of color and interior page photos• Reading level lowered from 9.8 to 7.5 grade level• Eliminated numbered sections• One signature block for the applicant to sign
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Continued on next page

MEDI-CAL PROGRAM GUIDE LETTER #635, Continued

Application Formatting (continued)

- Cover page table of contents
 - Documents Needed Checklist
 - “Four Easy Steps to Apply” on the cover
 - Increased information for pregnant woman applicants
 - Separate column for listing an unborn child
 - HFP information throughout instead of only on one page
 - Person-specific Medi-Cal retroactive coverage question
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Information and Consents

1. **Health Care Options toll-free number (Page 6).** This has been added to allow applicants to request and receive managed care enrollment materials prior to the Medi-Cal eligibility determination.
 2. **Bridging Consent Statement (Page A4, #44).** This allows a parent of a child to consent to forwarding the child’s information to the HFP at a future time when the child’s Medi-Cal status changes from no-cost to share-of-cost Medi-Cal.
 3. **Certified Application Assistance Authorization (Page A4).** This allows HF and Medi-Cal to speak to a representative of the Enrollment Entity listed regarding status of the application. Permission ends when the program mails out the decision on the application.
 4. **Out of Pocket Expenses for Medi-Cal Covered Services Received After an Application is Submitted (Page 6).** Informs Medi-Cal applicants that after they have applied for Medi-Cal, the Medi-Cal program only pays for covered services received from an enrolled Medi-Cal provider. This includes the time period between when an application is submitted and a Medi-Cal Beneficiary Identification Card (BIC) is issued, and the time period from when a BIC is issued and beyond.
 5. **Health Care Information for Children Who Don’t Qualify for Medi-Cal or the HFP (Page 6).** Workers are to disregard this information as San Diego does not participate in the Healthy Kids program.
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Continued on next page

MEDI-CAL PROGRAM GUIDE LETTER #635, Continued

Information and Consents (continued)

6. Contact information for Healthy Families Program. Families may contact the HFP with questions about their child's enrollment at 1-866-848-9166, Monday – Friday 8:00 a.m. to 8:00 p.m., Saturday 8:00 a.m. to 5:00 p.m.

Deletions

Opt Out Question. The question allowing families to opt out of Medi-Cal or the Healthy Families Program when filing the joint application has been deleted.

New Questions - Required Actions

#5: Email Address. This information is optional and requires no action.

#10: Is the (listed) child living away from the home? Worker will take any appropriate action required.

#14 -15 (Pregnant Woman Only): Baby's due date and number of babies expected. SPE will populate the HF to County Transmittal to alert counties of increased family size. If a pregnant woman is expecting more than one baby, a second, third, etc., expected baby will be noted on the transmittal as "unborn" and identified, "N", a non-applying member, in the "screened for" column.

If...	Then...
No written verification of multiple pregnancies	Only one unborn is counted in the maintenance need calculation.
Pregnant woman self-declares pregnancy has been medically verified	Allow sixty (60) days to provide proof of pregnancy.
Income is at or below 200 % FPL and requesting only pregnancy-related services	Proof of pregnancy is not required.
Pregnant woman is requesting restricted scope	Proof of pregnancy is not required.

Continued on next page

MEDI-CAL PROGRAM GUIDE LETTER #635, Continued

New Questions - Required Actions (continued)

#26-28: Family Size. Includes name of teen's spouse or pregnant woman's husband (if living in the home).

Step	Action						
1	Review responses to Family Size questions.						
2	Determine if benefits are being requested for additional family or non-family members (question #38).						
3	Contact applicant if sufficient identifying information is not provided.						
4	<table><tr><th>If Person is...</th><th>Then...</th></tr><tr><td>A family member</td><td>Obtain all required forms and verifications to determine eligibility.</td></tr><tr><td>A non-family member</td><td>See #38: Request for Medi-Cal, below.</td></tr></table>	If Person is...	Then...	A family member	Obtain all required forms and verifications to determine eligibility.	A non-family member	See #38: Request for Medi-Cal, below.
If Person is...	Then...						
A family member	Obtain all required forms and verifications to determine eligibility.						
A non-family member	See #38: Request for Medi-Cal, below.						

#38: Request for Medi-Cal. Used in conjunction with Family Size questions, above. The HF to County transmittal will indicate that an unlisted household member wants Medi-Cal, but will not list the name of the person.

Step	Action
1	Complete a SAWS 1 using date application received at SPE.
2	Forward application packet to person for completion.

#39: Disability. The HF to County Transmittal will identify if there are any disabled persons. This field is coded "Y" (yes) or "N" (no). The name of person will not be provided on the transmittal. Under certain circumstances, SPE may forward a disabled child's application concurrently to both the HFP and the county Medi-Cal office.

Step	Action
1	Follow procedures in MPG 5 - 4, regarding DDSD referrals.
2	Evaluate other linkage factors for person alleging disability.
3	Inform HFP-enrolled disabled child's parent of the need to disenroll from HFP in order to access Medi-Cal services if no share-of-cost.

Continued on next page

MEDI-CAL PROGRAM GUIDE LETTER #635, Continued

Citizenship & Identity Documents

The MC 321 HFP is a **joint** application used by both the Healthy Families and Medi-Cal programs. However, Healthy Families is not impacted by the federal Deficit Reduction Act (DRA) of 2005 requirements to obtain proof of citizenship and identity. Therefore, the MC 321 HFP does not instruct applicants to provide citizenship and identity documents that are originals or copies certified by issuing agencies.

Workers are reminded that they must obtain either Birth Record data matches (for applicants born in CA) or original citizenship/identity documents for all Medi-Cal applicants who are U.S. citizens/nationals.

Automation Impact

None.

Forms Impact

The revised application is available effective April 2008 in English and 11 threshold languages (Spanish, Chinese, Vietnamese, Khmer (Cambodian), Farsi, Armenian, Korean, Russian, Hmong, Arabic, and Tagalog) and can be ordered through the State warehouse.

The Order Form (MC 370) for requesting bulk orders is available at <http://www.dhcs.ca.gov/formsandpubs/forms/Forms/MC%20370.pdf>.

New application forms will be distributed immediately. Due to wide distribution of the current version of the HFP/Medi-Cal Joint Application form, counties must continue to accept and process the current version of the form until existing supplies are exhausted.

Quality Assurance Impact

Effective with June 2008 review month, Quality Assurance will cite the appropriate error on any case that does not comply with the requirements outlined in this letter.

Summary of Changes

Article	Changes
Article 4, Section 20	Revisions to Healthy Families/Medi-Cal Joint Application, revised procedures, and required actions added.

Continued on next page

MEDI-CAL PROGRAM GUIDE LETTER #635, Continued

Filing Instructions

Step	Action
Remove	Article 4, Section 20, Table of Contents, page vii-viii
	Article 4, Section 20, page 2
	Article 4, Section 20, pages 6-16
Replace	Article 4, Section 20, Table of Contents, pages vii-ix
	Article 4, Section 20, page 2
	Article 4, Section 20, pages 6-17

Important Notice

The MPG is available in its entirety on the County Intranet by accessing <http://hhsa.intranet/manuals/mpg/index.html>. The MPG revisions listed in this letter will be entered into the Intranet MPG at the next update.

Manager Approval

ORIGINAL SIGNED BY:

Dann Crawford, Assistant Deputy Director
Medi-Cal, General Relief and CAPI Program Administration
Strategic Planning and Operational Support

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